

REQUIRED DATA ELEMENTS & MAVEN USER'S GUIDE

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About Maven

MAVEN is the North Dakota Electronic Disease Surveillance System. Maven is a web-based, client-centric surveillance system that allows tracking disease diagnosis and other information for a single person across different reportable conditions and surveillance models within the system.

Counseling, Testing and Referral (CTR) sites will be utilizing MAVEN to enter information on tests performed at the sites. CTR sites will only be able to see information that is enter under their Agency. Sites will not be able to access information on reportable conditions or testing information entered by other agencies.

MAVEN has capabilities that are very advantageous to the CTR program. These include:

1. *Continued Data Entry.* Events can be saved. Data entry can occur over multiple time periods to complete entry for one event.
2. *Data Review.* Data entry errors or missing fields can easily be corrected.
3. *Reports.* MAVEN has excellent capability to analyze data entered by CTR sites.
4. *Program Coordination.* Although CTR sites do not have access to reportable conditions, Field Epidemiologists have access to CTR testing information. They may utilize this information for STD and viral hepatitis investigations.

MAVEN Tips and Tricks

1. **Capitalization.** Do not enter in all CAPS. Use appropriate capitalization.
2. **Greyed out fields.** Greyed out fields cannot be edited in that question package or on that screen. Often times you need to go to the persons tab in order to edit those fields.
3. **Errors or concerns.** Contact the HIV.STD.Viral Hepatitis Prevention Coordinator if you feel that you have entered a client or test information incorrectly or if you have create two events for the same person. All data entry mistakes can be corrected in MAVEN.
4. **Workflows.** Check your workflow on a regular basis to ensure your data entry is complete.
5. **Passwords.** Passwords to MAVEN do need to be changed every so often. Also, if you do not log into MAVEN after so many days, your password will become invalid and it will need to be reset.
6. **Complete all fields.** All fields in the CTR question package are required. If any of the fields are incomplete, you will be asked to review the case and enter the appropriate information before it is completed and closed.

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Required Data Elements

The North Dakota Department of Health requires certain data elements to be submitted for every HIV and hepatitis C rapid and confirmatory test that is performed. Also, data is required to be submitted for every hepatitis vaccine administered in this program.

Required Fields

Client Information: First Name, Last Name, Birth Date, Current Gender, Gender at Birth, Race, Ethnicity, Previous HIV testing and Insurance Status and Address including Street Address, City, State & Zip Code.

- Gender: Male, Female, Transgender Male to Female, Transgender Female to Male

Test Information: Collection Date, Worker ID of test performer, Date Client Receive Results, Test Results, Test Technology, and Linkage to Care Services

Risk Factors: Sexual behaviors, drug-use behaviors, high risk behaviors and other specific hepatitis C risk factors

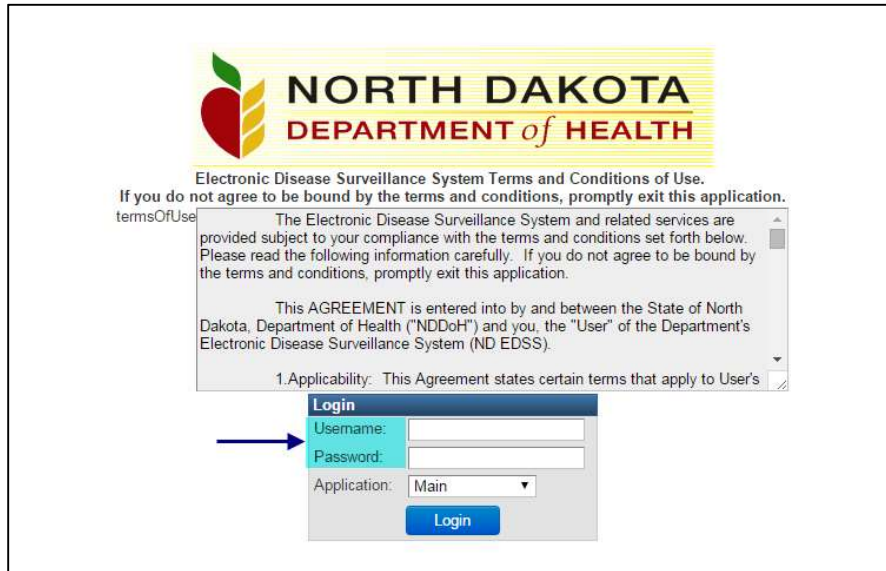
- Sexual Risk Behaviors: Gender of sex partners, sex without a condom, sex with an injection drug user (IDU), sex with an HIV-positive individual, sex with a male who has sex with other males (MSM)
- Drug-Use Behaviors: Injection drug use, sharing drug use equipment, non-injection drug use, type of drugs used
- Additional High Risk Behaviors: Exchanging sex for drugs/money/other, diagnosed with STD, sex while high or intoxicated, sex with multiple partners, sex with anonymous partner, sex with someone who exchanges for drugs/money, victim of sexual assault
- Hepatitis C Risk Factors: received blood clotting factors before 1987, received blood transfusion or organ transplant before to 1992, abnormal liver tests, mother had HCV infection, receiving long-term hemodialysis, received tattoos or body piercings in a non-sterile setting, having sex with a HCV-infected individual

Vaccine: Type of vaccine given, date dose administered.

The data submission form includes client demographics, risk factors and testing information and is typically referred to as the PEMS form. These forms are submitted electronically at the following website <https://apps.nd.gov/maven/login.do>. The system in which the data is entered electronically is referred to as MAVEN.

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MAVEN Login



NORTH DAKOTA
DEPARTMENT of HEALTH

Electronic Disease Surveillance System Terms and Conditions of Use.
If you do not agree to be bound by the terms and conditions, promptly exit this application.

The Electronic Disease Surveillance System and related services are provided subject to your compliance with the terms and conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the State of North Dakota, Department of Health ("NDDoH") and you, the "User" of the Department's Electronic Disease Surveillance System (ND EDSS).

1.Applicability: This Agreement states certain terms that apply to User's

Login

Username:

Password:

Application: Main

Login

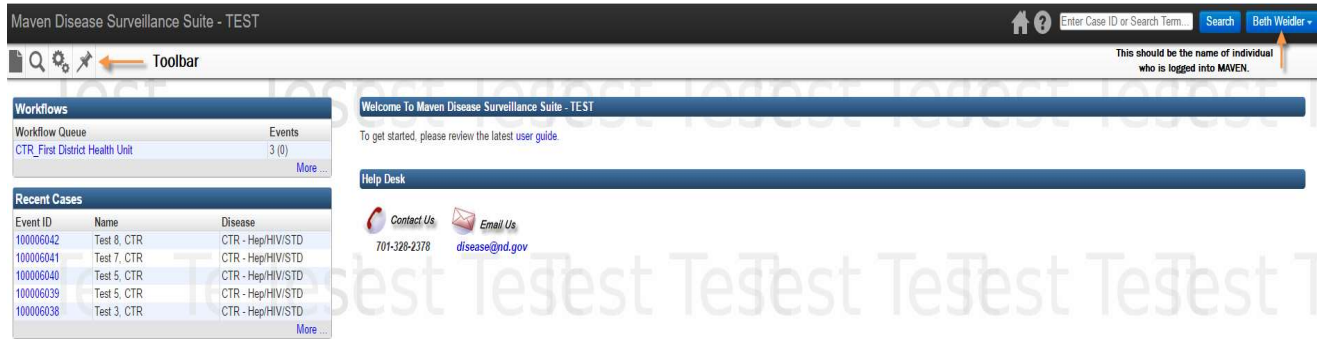
MAVEN website is: <https://apps.nd.gov/maven/login.do>. Enter assigned username and password. Note: If users forget their username or password, they can contact the NEDSS Coordinator at 701.328.2385.

New Users

For new users to obtain MAVEN access, they need to contact the HIV.STD.Viral Hepatitis Prevention Coordinator. New users will need to read the North Dakota HIV/AIDS.STD.Tuberculosis.Viral Hepatitis Security & Confidentiality and sign the accompanying oath prior to receiving MAVEN access. If new users, will also be performing rapid testing or other CTR functions, they should refer to the HIV and Hepatitis C Counseling, Testing and Referral Site Policies and Procedures Manual for additional requirements of new staff.

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Maven Homescreen and Terminology



On the home screen users will find a list of recent cases, a link to their workflow and a toolbar. The list of recent cases will have the last five cases entered by the user.

Event

An event refers to each time a person is tested for HIV or hepatitis C. Testing occurring on the same day is considered one event. Testing occurring on different days should be entered as two separate events. For example, if individual is tested in January 2016 and in April 2016, they are going to have two events in MAVEN.

Toolbar

The toolbar contains icons that represent different functions within MAVEN.



- **Create Event** (Paper Icon): This icon is used to being entry for a new event.
- **Search Events** (Magnifying Glass Icon): This icon is used to search events. Users will only be able to search events that are entered by users from their agency.
- **Workflows** (Gears Icon): This icon is used to view your workflows.
- **Recent Events** (Push Pin Icon): This icon is used to see a list of last 20 events viewed and/or entered.

Workflows

Workflows should be used to manage events that have been entered but not yet completed. Only events in which the *Investigation Status* is not marked completed will appear in the workflow. CTR sites should aim to have only rapid positive events that have not yet had their confirmatory test results completed in their workflows. Other cases that may be in your workflow would be those in which there is a data entry error. After the HIV.STD.Viral Hepatitis Prevention Coordinator reviews completed events, if there is an error or missing field, the investigation status will be changed to new and that event will be in your workflow. CTR sites are encourage to review their workflows at least weekly.



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For CTR sites that have multiple locations, there is only one workflow for all agencies. For example, Upper Missouri District Health Unit has offices in several cities including Crosby, Stanley, Watford City and Williston. Each location has a different site ID, but the workflow is driven by the agency ID. The workflow will contain events for all of the sites ID under that agency ID. Below is an example of a workflow queue. The total count lists the number of events that are currently in the workflow. If there are no cases in your workflow, your workflow will not be listed in the workflow queue. There is an option to show empty workflows if you want to see it listed.

Maven Disease Surveillance Suite - TEST Enter Case ID or Search Term Search Beth Weidner

Workflow Queues

Workflow Queues (Show empty workflows)	Total Count (Assigned to me)	Priority	Last Update
CTR	3 (0)	Medium	05/30/2017 02:15 PM

[Dashboard](#) [Help](#)

When you click on the workflow, the cases within that workflow will appear (see below). Click on the event ID to view the case. Cases will no longer be in the workflow once they are completed.

Workflow Details - CTR_First District Health Unit

CTR_First District Health Unit (Last Update: 05/30/2017 02:55 PM)									
Event	Name	Status	Create Date	Disease	Event Date	Last Update	Assigned To	Assigned To Group	InvestigationStatus
100005723-1	Administrative	Open	06/13/2016	CTR - Hep/HIV/STD	06/13/2016	06/13/2016			NEW
100005612-1	Administrative	Open	02/03/2016	CTR - Hep/HIV/STD	02/03/2016	02/03/2016			NEW
100005497-1	Administrative	Open	01/19/2016	CTR - Hep/HIV/STD	01/19/2016	01/05/2017			NEW

Filter: Contains Apply Clear Displaying 1...3 of 3 (Export All) << First < Prev 1 / 1 Next > Last >>

[Workflows](#) [Dashboard](#) [Help](#)



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Event Home Screen & Terminology

North Dakota Electronic Disease Surveillance System

Enter Case ID or Search Term. Search Angela Bahi

Event Summary

Basic Information	Notes (Add/Edit Show My Notes)
<p>Event ID: 100006213</p> <p>Disease: CTR - Hep/HIV/STD</p> <p>Person: CTR Test 8 Birth Date: 08/09/2000 (Female)</p> <p>Dates: Create Date: 11/17/2017 Event Date: 11/17/2017</p> <p>Investigation Status: Open</p> <p>Linked Events/Contacts: 0 linked event(s)/contact(s)</p> <p>Notifications: Event/Status/Date/Type Notifier (4)</p> <p>Investigation Status: New</p> <p>Disease Status: N/A</p> <p>Event Type: Report Date</p> <p>Pregnancy Status: N/A</p> <p>Event/Age Notifier (1)</p> <p>Age: 17 Years</p> <p>Edit Event Properties</p>	<p>Notes Section.</p>

This is the Event Home Screen.

These are the 2 Tabs.

Event Data Persons

Question Packages	Person	Last Update	Updated By	Status	Status of
1. Administrative 3 Question	Event	11/17/2017	Angela Bahi [CTR_abahi]	Completed	Completeness.
2. Demographic	CTR Test 8	11/17/2017	Angela Bahi [CTR_abahi]	Incomplete	
3. CTR Packages.	CTR Test 8	11/17/2017	Angela Bahi [CTR_abahi]	Incomplete	

View Question Package

Question Packages

1. Administrative: This package contains fields that will be used to complete case.
2. Demographic: This package contains the patient's address, race, ethnicity, gender, birth date and other types of demographic information.
3. CTR: This package contains all of the required questions that need to be entered for each event. This is the primary package that will be used by CTR sites.

Tabs

There are two tabs in MAVEN. These tabs include Event Data and Persons. The Event Data tab contains the three question packages. The persons tab is utilized to edit and enter demographic information such as address and date of birth.

Notes

This notes section is to be used to information about that event in which you were unable to enter in the CTR Question Package. The HIV.STD.Viral Hepatitis Prevention Coordinator will also use this notes field to communicate about data completeness with the CTR site.

Status of Completeness

All fields that are starred need to be completed in order for the status to be complete. Out of state counties will not appear and demographic package. Thus if you have a patient with an out of state address, package 2, the demographic package will also appear to be incomplete. For all other cases, if you have entered everything that is required, all question packages should be complete.



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Entering an Event

All rapid and conventional HIV and HCV tests performed at CTR sites are required to be entered into MAVEN. When entering a test or an event into MAVEN, the following steps are required: 1) Create Event, 2) Enter CTR Information and 3) Complete Event.

Creating an Event

North Dakota Electronic Disease Surveillance System

Create Event - Person Information

Event Information

Event Date: 01/26/2016
Disease: CTR - Hep/HIV/STD

Add Person

First Name: Optional
Middle Name: Optional
Last Name: Optional
Suffix: Optional
Maiden/Other Name: Optional
Alias: Optional
Mother's Maiden Name: Never Complete
Birth Date: MM/DD/YYYY
Gender:
Social Security Number: Never Complete

Contact Information

Address Type: Home
Street:
City:
State: ND
Zip Code:
County:
Country: USA
Home Phone: Optional
Mobile Phone: Optional
Work Phone: Optional
Email: Optional
Fax: Never Complete
Contact Method: Never Complete

Required Fields:

1. **Event Date.** This data autopopulates to today's date. This date does not need to be changed.
2. **Disease.** Users should always select the disease 'CTR - Hep/HIV/STD'.
3. **First Name.** Enter client's first name. Ensure spelling is correct.
4. **Last Name.** Enter client's last name. Ensure spelling is correct.
5. **Birth Date.** Enter client's date of birth. Format is MM/DD/YYYY. Users can type in the date with the numeric values in this format, the '/' will appear automatically or users can use the calendar icon and select the date of birth.
6. **Gender.** Select client's gender. Options: Male and Female. This field should be the client's current gender. If the client is transgender, that information will be entered later and gender should be based on client's current gender.
7. **Race.** Select client's race. Options: White, American Indian, Asian, Black/African American, Native Hawaiian/Pacific Islander and Unknown.
8. **Hispanic.** Select client's ethnicity. Options: Hispanic, Not Hispanic or Unknown.
9. **Address Type.** This field defaults to Home. Users should always leave this field as home address.
10. **Street.** Enter street address where client's reside. clients street address.
11. **City.** Enter city where client resides.
12. **State.** Enter state where client resides. This field defaults to ND.
13. **Zip Code.** Enter zip code where client resides. This field may autofill based on city.
14. **County.** Enter county where client resides.
15. **Country.** Enter country where client resides. This fields defaults to USA.

Optional Fields: Enter information if available, but not required.

1. **Middle Name.** Enter client's middle name.
2. **Suffix.** Enter client's suffix if need. Examples include Jr or II.
3. **Maiden/Other Name.** Enter client's maiden name. Other names should be entered in Alias field.
4. **Alias.** Enter client's alias.
5. **Phone Number.** Phone numbers can be entered into either home or mobile phone fields. Users do not need to confirm type to enter phone number.
6. **Email.** Enter client's email address.

Never Complete This option is used if client has been previously tested by agency and data entered into MAVEN for client.

Select Person... Clear

Save Cancel Help

After required information has been entered, click save.

Address Information

The following situations have special address considerations:

1. **Testing in Jails.** For all inmates tested for HIV or HCV in jails, there address will be that of the jail. Do not enter their home address or phone number in MAVEN.
2. **Out of State.** When you create an event for clients that do not live in North Dakota, the entire address can be entered, including the county. But, the county for all out of state addresses with not appear in the demographic package or the CTR package. In those packages, the county shall be blank for all out of state clients.
3. **Homeless Populations.** To enter an address for a homeless individual, the street shall be Homeless, but the city and county shall be that of the location of testing.
4. **College Students.** Encourage college students to report their current address, including that of their dorm instead of their parent's address.

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5. **Institutionalized Individuals.** Individuals that are currently being institutionalized in places such as transition centers, mental health facility, in-patient drug and alcohol treatment centers or other similar facilities, the client's address is that of the institution.

CTR Question Package

To being entry on the PEMS data, click on question package 9. CTR and click View Question Package. This package is divided into sections based on the information collected on the PEMS form. **All fields in this question package are required.**

Site Information

Site Information			
Session Date:	MM/DD/YYYY	Current Login User:	sweninger
Site ID:		Agency ID:	
Agency:			
Site County:		Site Zip Code:	
Site Type:	<input type="checkbox"/> HIV Testing Site <input type="checkbox"/> School/Educational facility <input type="checkbox"/> Shelter <input type="checkbox"/> Public Place <input type="checkbox"/> Corrections <input type="checkbox"/> Outreach		
		Intervention ID:	

1. **Session Date:** Specimen Collection Date.
2. **Current Login User:** Pre-populates based on user logged into MAVEN.
3. **Agency ID:** Pre-populates based on user logged into MAVEN. Users may not change this field.
4. **Site ID:** Choose Site ID for your facility.
5. **Agency:** Pre-populates based on Site ID.
6. **Site County:** Pre-populates based on Site ID.
7. **Site Zip Code:** Pre-populates based on Site ID. ,
8. **Intervention ID:** This ID refers to the type of behavioral intervention used during the counseling session. This field should always be Comprehensive Risk Counseling Services.
9. **Site Type:** Choose type of site.
 - a. **HIV Testing Site:** Primary option for CTR sites. Not for student health centers or outreach testing or events.
 - b. **School/Education Facility:** Choose for all student health centers.
 - c. **Shelter:** Choose if CTR site is a building or facility that provides supportive housing temporarily or may be used to facilitate the movement of homeless individuals and families to permanent housing.
 - d. **Public Place:** An area, environment or context that is open to the community as a whole such as a park or city street. This option is used if only one person is tested in a public setting.
 - e. **Corrections:** A CTR site offering testing within a penal or correctional facility, including adult or juvenile detention facilities, that provides medical or health services.
 - f. **Outreach:** A testing event conducted at or by CTR sites. Outreach can be located with a CTR site or off-site location.



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Demographic Information

Demographics	
Client Date of Birth:	MM/DD/YYYY
Client State:	ND
Ethnicity:	
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Current Gender:	
Gender at Birth:	
Client Insurance Status:	<input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid Expansion <input type="checkbox"/> No Insurance <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Was client billed for HIV test?	
Was client billed for HCV test?	
Previous HIV Test:	
Previous HCV Test:	

1. **Client Date of Birth:** Date of Birth.
2. **Country of Birth:** Country of Birth.
3. **Client State, Client County, Client Zip Code:** Client Address.
4. **Ethnicity:** Hispanic or Not Hispanic.
5. **Race:** This is a multi-select field, choose all races that the client identifies as.
6. **Current Gender:** Male, Female, Refused, Transgender Male to Female, Transgender Female to Male and Transgender Unspecified.
7. **Gender at Birth:** Male, Female, Refused.
8. **Client Insurance Status:** Enter the insurance status of the patient. Options: Private, Medicare, Medicaid, No Insurance, Other, Unknown. If insurance status is not determined by the CTR site, choose unknown.
9. **Was client billed for HIV test?**
10. **Was client billed for HCV test?**
11. **Previous HIV Test:** Yes, No Unknown or No. Document if client recalls have been previously tested for HIV. Verification is not required to complete this question. Answer is based on patient recall.
 - If yes, Date Tested: Format is MM/DD/YYYY. Date must be entered in this format. If exact date is unknown, enter approximate date. For example, client recalls being tested in January 2015, enter 01/01/2015.
 - If yes, Self-Reported Results: Positive, Negative, Indeterminate, Unknown, Refused, Preliminary Positive.
12. **Previous HCV Test:** Yes, No Unknown or No. Document if client recalls have been previously tested for HIC. Verification is not required to complete this question. Answer is based on patient recall.
 - If yes, Date Tested: Format is MM/DD/YYYY. Date must be entered in this format. If exact date is unknown, enter approximate date. For example, client recalls being tested in January 2015, enter 01/01/2015.
 - If yes, Self-Reported Results:



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HIV Test Information

HIV Test Information	
Was client tested for HIV?	Yes ▾
HIV Collection Date: ☐	<input type="text"/> Add New
Tester Worker ID:	▾
Test Technology:	▾
Specimen Type:	▾
Test Result:	▾
Was test result provided?	▾
Date Provided: ☐	<input type="text"/>
Did client provide a confirmatory sample?	<input checked="" type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Client did not return/Could not locate <input type="radio"/> Client was referred to another agency <input type="radio"/> Other
HIV Confirmatory Collection Date:	MM/DD/YYYY ☐
Test Result:	▾
Was result provided?	▾
Are you providing linkage to care services for this patient?	▾
Notes:	<input type="text"/>

1. **HIV Collection Date:** Enter the date of the initial HIV specimen collection.
2. **Tester Worker ID:** Select the worker from the dropdown who performed the test.
3. **Test Technology:** Rapid, Conventional or Other.
4. **Specimen Type:** Blood: finger stick or Blood: venipuncture.
5. **Test Result:** Positive/Reactive, Negative, Invalid or Indeterminate.
6. **Was test result provided?** Yes or No. Choose yes if client was notified of their test results via over the phone or in-person. Choose no for clients who were not notified of their test results.
 - a. **Date Provided:** Enter date client was provided their results.
 - b. **Why were results not provided?** Declined notification, did not return/could not locate, obtained results from another agency or other.

For HIV Rapid Positive Tests:

7. **Did client provide a confirmatory sample?**
 - a. Yes. (Blood was collected and submitted to NDDoH)
 - b. Client declined confirmatory test.
 - c. Client did not return/could not locate.
 - d. Client was referred to another agency. If CTR site does not do their own blood draws, this option should be selected.
 - e. Other.
8. **HIV Confirmatory Collection Date:** Enter date specimen was collected for HIV confirmatory testing.
9. **Test Result:** Positive/Reactive, Negative, Invalid or Indeterminate.
10. **Was result provided?** Yes or No. Choose yes if client was notified of their test results via over the phone or in-person. Choose no for clients who were not notified of their test results.
 - a. **Date Results Provided.** Enter date client was provided confirmatory results.
 - b. **Why were results not provided?** Declined notification, did not return/could not locate, obtained results from another agency or other.
11. **Are you providing linkage to care services for this patient?** Yes or No. Choose yes if client was referred to additional healthcare provider for medical evaluation, a field epidemiologist for partner services or other referral services provided.

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Hepatitis C Test Information

HCV Test Information	
Was client tested for HCV?	Yes ▾
HCV Collection Date:	<input type="text"/>
Tester Worker ID:	<input type="text"/>
Test Technology:	<input type="text"/>
Specimen Type:	<input type="text"/>
Test Result:	<input type="text"/>
Result Provided?	<input type="text"/>
Did client provide a confirmatory sample?	<input checked="" type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Client did not return/could not locate <input type="radio"/> Client was referred to another agency <input type="radio"/> Other
HCV Confirmatory Collection Date:	<input type="text"/>
Test Result:	<input type="text"/>
Was result provided?	<input type="text"/>
Are you providing linkage to care services for this patient?	<input type="text"/>
Notes:	<input type="text"/>

1. **HCV Collection Date:** Enter the date of the initial HCV specimen collection.
2. **Tester Worker ID:** Select the worker from the dropdown who performed the test.
3. **Test Technology:** Rapid, Conventional or Other.
4. **Specimen Type:** Blood: finger stick or Blood: venipuncture.
5. **Test Result:** Positive/Reactive, Negative, Invalid or Indeterminate.
6. **Was test result provided?** Yes or No. Choose yes is client was notified of their test results via over the phone or in-person. Choose no for clients who were not notified of their test results.
 - a. **Date Provided:** Enter date client was provided their results.
 - b. **Why were results not provided?** Declined notification, did not return/could not locate, obtained results from another agency or other.

For HCV Rapid Positive Tests:

7. **Did client provide a confirmatory sample?**
 - a. Yes. (Blood was collected and submitted to NDDoH)
 - b. Client declined confirmatory test.
 - c. Client did not return/could not locate.
 - d. Client was referred to another agency. If CTR site does not do their own blood draws, this option should be selected.
 - e. Other.
8. **HCV Confirmatory Collection Date:** Enter date specimen was collected for HCV confirmatory testing.
9. **Test Result:** RNA Positive, RNA Negative, Confirmatory Antibody Positive Only or Confirmatory Antibody Negative.
10. **Was result provided?** Yes or No. Choose yes is client was notified of their test results via over the phone or in-person. Choose no for clients who were not notified.
 - a. **Date Results Provided.** Enter date client was provided confirmatory results.
 - b. **Why were results not provided?** Declined notification, did not return/could not locate, obtained results from another agency or other.
11. **Are you providing linkage to care services for this patient?** Yes or No. Choose yes if client was referred to additional healthcare provider for medical evaluation, a field epidemiologist for partner services or other referral services provided.

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HIV Risk Factor Information

HIV Risk Factor Information	
Did client complete a behavioral risk profile?	<input checked="" type="radio"/> Yes, risk was identified <input type="radio"/> Yes, but no risk was identified <input type="radio"/> No, client was not asked about behavioral risk factors <input type="radio"/> No, client declined to discuss behavioral risk factors
Counselor Worker ID:	<input type="text"/>
Has the client ever reported having vaginal or anal sex with a male ?	<input type="text"/>
In the past 12 months, did the client report having vaginal or anal sex with a male?	<input type="text"/>
Without a condom?	<input type="text"/>
Who is an IDU (injection drug user)?	<input type="text"/>
Who is HIV positive?	<input type="text"/>
Has the client ever reported having vaginal or anal sex with a female ?	<input type="text"/>
In the past 12 months, did the client report having vaginal or anal sex with a female?	<input type="text"/>
Without a condom?	<input type="text"/>
Who is an IDU (injection drug user)?	<input type="text"/>
Who is HIV positive?	<input type="text"/>
Has the client ever reported having vaginal or anal sex with a transgender person ?	<input type="text"/>
In the past 12 months, did the client report having vaginal or anal sex with a transgender?	<input type="text"/>
Without a condom?	<input type="text"/>
Who is an IDU (injection drug user)?	<input type="text"/>
Who is HIV positive?	<input type="text"/>
Has the client ever reported injection drug use?	<input type="text"/>
Has the client ever shared injection drug equipment?	<input type="text"/>
In the past 12 months, did the client report injection drug use?	<input type="text"/>
Has the client ever reported non-injection drug use?	<input type="text"/>
In the past 12 months, did the client report non-injection drug use?	<input type="text"/>
Specify type of drug:	<input type="text"/>

Complete above risk factors questions with information gathered from a risk assessment. Be sure to notice the timeframe of the risk factor questions. The first question usually refers to if the client **EVER** had the risk factor and then there is a question as to whether that risk factor occurred in the past twelve months.

- **Did client complete a behavioral risk profile?**
 - **Yes, risk was identified.** Choose this option if client admits to have sex in the last 12 months and answers yes to having sex without a condom, with a person who inject drugs or with someone who is HIV positive.
 - Note: If the person is wanting to be tested more than once per year, you would choose this option if they have additional HIV risk factors (see next section).
 - **Yes, but no risk was identified.** Choose this option if the client admits to having sex in the last 12 months, but client does not admit to any other risk factors. For example, a client who admits to only having sex with females in the last 12 months, but indicates that they always have sex with condoms and never has sex with an injection drug or someone who is HIV positive.
 - **No, client was not asked about behavioral risk factors.** This option should only be chosen if no risk factor questions were asked. No one should be tested at CTR sites without asking about risk factors prior to testing.
 - **No client declined to discuss behavioral risk factors.** Only choose this option if the client refuses to answer any risk factor questions relating to sexual activity. Use the option yes, risk was identified or no risk was identified if patient admits to recent sexual activity and at least a gender of sex partners, please complete those risk factors and mark the others as unknown.
- **Counselor ID:** Choose the individual who was primarily responsible for counseling the patient on risk reduction.



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Additional HIV & HCV Risk Factors

Additional HIV and HCV Risk Factors	
HIV Risk Factors (check all that apply)	<input type="checkbox"/> Exchange sex for drugs/money/other <input type="checkbox"/> Diagnosed with a sexually transmitted disease (STD) <input type="checkbox"/> Sex while intoxicated or high on drugs <input type="checkbox"/> Sex with multiple partners <input type="checkbox"/> Sex with anonymous partner <input type="checkbox"/> Sex with someone who exchanges sex for drugs/money <input type="checkbox"/> Victim of sexual assault <input type="checkbox"/> Other <input type="checkbox"/> Patient requested testing
HCV Risk Factors (check all that apply)	<input type="checkbox"/> Have HIV infection <input type="checkbox"/> Received blood clotting factor before 1987 <input type="checkbox"/> Received blood transfusion or organ transplant before 1992 <input type="checkbox"/> Abnormal liver tests <input type="checkbox"/> Mother had HCV infection <input type="checkbox"/> Family member HCV positive <input type="checkbox"/> Receiving long-term hemodialysis <input type="checkbox"/> Received tattoos or body piercings in a non-sterile setting <input type="checkbox"/> Have sex with HCV infected individual <input type="checkbox"/> Baby Boomer screening (born between 1945 and 1965) <input type="checkbox"/> Patient requested testing

Complete above risk factors questions with information gathered from a risk assessment. Multiple risks can be selected from the about list. Unless associated with a date, the above risk factors could have occurred in the past twelve months or since their last HIV or HCV test.

- **Patient requested testing** – This risk factor is only chosen when the patient requests the test but doesn't meet the criteria for testing. For example individuals not at risk for HCV but want the test regardless or individuals who come in for HIV testing every 3 months and testing at that increased frequency is not recommended.

Hepatitis Vaccine

Hepatitis Vaccine	
Was hepatitis A and/or B vaccine administered during this session?	Yes ▼
Type of vaccine given: ☐	<input type="radio"/> Hepatitis A <input type="radio"/> Hepatitis B <input checked="" type="radio"/> Twinrix (Hepatitis A and Hepatitis B) Add New
Date given:	MM/DD/YYYY

In this vaccine section, please enter whether or not vaccine was given. All doses of the vaccine series should be entered in the event in which the first dose of the series was administered.

- If vaccine was given, please enter type of vaccine given as well as date administered. Only the first dose of vaccine is required to be entered. If client completes series, those additional doses should be entered into NDIIS and are not required to be entered by the CTR site.
- If no vaccine was given, please indicate why no vaccine was given.



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Completing an Event

1. Administrative - Sarah Weninger - CTR - Hep/HIV/STD [Jump To...] Save Save & Stay Cancel

Expand Details

DISEASE STATUS INFORMATION	
Event date: 02/02/2016	Event type: Report date
Event date (Manual Override): MM/DD/YYYY	Event type (Manual Override):
* Disease classification status: [dropdown]	
* Investigation status: New	

OTHER INFORMATION	
Reassign To: [dropdown]	
Owning Jurisdiction: [dropdown]	

* Indicates required field

Save Cancel Help

Event Date

In order to have an accurate description of the event in MAVEN, CTR sites should complete the event date (manual override). In this field, CTR sites should enter the session date and the event type (manual override) should be selected as lab test date.

Investigation Status

When all of the data entry associated with that testing event is entered, view the Administrative question package. The investigation status should be changed to completed and then click Save.

Additional Functions in MAVEN

Searching for an Event

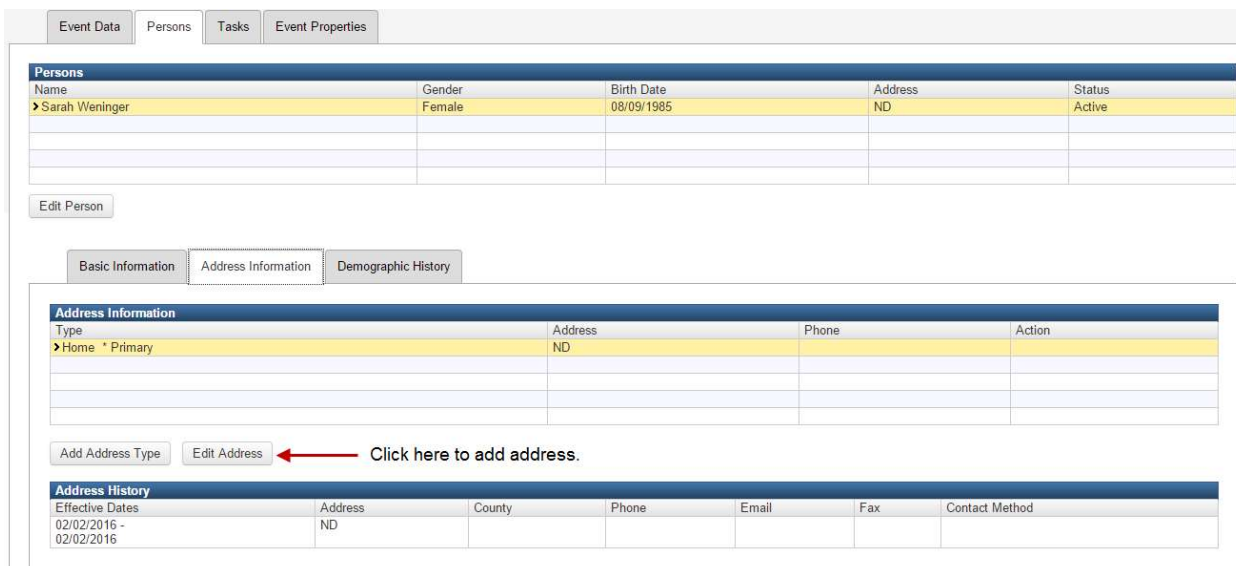
If you want to view an event that has already been entered or are trying to see if an event has been previously entered, you may want to search for that event. When searching for an event, most often you would search based on first and last name. To be inclusive, you can use the * feature when you search. For example, if you were looking for an event for Jonathan Smith, you could type Sm* in the last name and Jon* in the first name. The * feature then allows the search to focus on all names that have Jon as the first three letters of the first name and Sm as the first two letters last name. In MAVEN, at a minimum there must two letters and the * in the last name and one letter and the * in the first name in order to perform a search.

You can also search for a person based on an event ID. Event IDs are not considered personal health information and can be emailed between persons. The HIV.STD.Viral Hepatitis prevention may use the event ID to communicate questions about a site.

If you search for a person and they appear in the results, click on the event ID to view that particular event.

Updating or Entering an Address

If you forget to enter an address, have a data entry error or need to update the address of an existing event, you do so in the Persons Tab. Once in the Persons Tab, select the option edit address.



The screenshot shows the MAVEN interface with the 'Persons' tab selected. Below the 'Persons' tab, there is a table with columns: Name, Gender, Birth Date, Address, and Status. The first row shows 'Sarah Werninger', 'Female', '08/09/1985', 'ND', and 'Active'. Below this table is an 'Edit Person' button. Underneath, there are three tabs: 'Basic Information', 'Address Information', and 'Demographic History'. The 'Address Information' tab is selected, showing a table with columns: Type, Address, Phone, and Action. The first row shows 'Home * Primary', 'ND', and empty fields for Phone and Action. Below this table, there are buttons for 'Add Address Type' and 'Edit Address'. A red arrow points to the 'Edit Address' button with the text 'Click here to add address.' Below the 'Edit Address' button, there is an 'Address History' table with columns: Effective Dates, Address, County, Phone, Email, Fax, and Contact Method. The first row shows '02/02/2016 - 02/02/2016', 'ND', and empty fields for County, Phone, Email, Fax, and Contact Method.

Once you click edit address the below screen shall appear.



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Edit Address

Address Type: Home

* Start Date: 06/07/2017

End Date: 01/01/2030

* Street:

* City:

* State: ND

* Zip Code:

* County:

Country: USA

Home Phone:

Mobile Phone:

Work Phone:

Email:

Fax:

Contact Method:

Save Cancel Help

When updating the address, you should always enter the appropriate start date. The start date would be the earliest date in which you knew that person lived at that address. For example, if someone was tested on January 12, 2017 for HIV and that was the first time they were in your clinic; the start date would be 01/12/2017. After entering the start date, you complete the street, city, state, zip code and county. You don't need to complete the other fields.

Deduplication

The below screen appears when there are two individuals or events within MAVEN that appear to be identical. The best option to choose is create new case and person and check the box 'mark as pending deduplication'.



REQUIRED DATA ELEMENTS & MAVEN USER'S GUIDE

Potential Matches

Please review the existing cases before proceeding.

Entered Information:

Name:	Sarah Weninger
Gender:	Female
Birth Date:	08/09/1985
Social Security Number:	
Race:	
Is the case Hispanic or Latino?	
Address:	ND
County:	
Country:	USA
Phone:	
Email:	

Create new case and person **Option A**

☐ Mark as pending deduplication

Matches

Matched Record 1

Name:	Sarah Weninger [Details]
External ID:	PGCEVZOLLWRW
Gender:	Female
Birth Date:	08/09/1985
Social Security Number:	
Race:	
Is the case Hispanic or Latino?	
Address:	ND
County:	
Country:	USA
Phone:	
Email:	

Events

Event ID	Status	Disease	Create Date	Event Date	Action
100006047	Open	CTR - Hep/HIV/STD	06/07/2017	06/07/2017	Use this event Print Event

Option B

Create new case and person Cancel Help

- Create New Case and Person.** Use this option if you are unsure if the person from your entered information matches the record. If person has already been entered and the match is listed, click the cancel button and refer to section in this manual 'Creating an Event for Existing Person'.
- Existing Events.** Always ensure that you are not deduplicating an event that has already been entered. Reminder: Each time a client is tested on a separate collection date, a new event should be created.

Creating an Event for Existing Person

To avoid deduplication, if you know that a person has been tested for HIV and/or HCV at your CTR site and the person already exists in MAVEN, you can create an event using an existing person. To do that, you should follow these steps.

Step 1. Step 1 is to choose the create event icon and choose the disease as CTR – Hep/HIV/STD. Then you choose the option at the bottom of that screen called Select Person. Once you choose that option, the search box will appear.





REQUIRED DATA ELEMENTS & MAVEN USER'S GUIDE

Create Event - Person Information

Event Information

Event Date: 06/07/2017
Disease: CTR - Hep/HIV/STD

Add Person

First Name: Middle Name: Last Name:
Suffix: Maiden/Other Name: Alias:
Mother's Maiden Name:
Birth Date: Gender: Social Security Number:
Race: Add New
Is the case Hispanic or Latino?:

Contact Information

Address Type: Street:
City: State: Zip Code:
County: Country:
Home Phone: Mobile Phone: Work Phone:
Email: Fax:
Contact Method:

Use this option to create an event for person already in MAVEN.

Select Person... Clear

Save Cancel Help

Step 2. For step 2, you search for the person you are attempting to enter. When searching, it will list all potential matches from MAVEN, regardless of what condition they may have or which facility has entered the person. Make sure that choose a person that matches by date of birth and address. The address may be a previously known address as well. Once you have found the person that matches the person who are attempting to enter, double click on their name or highlight their name and choose select.



REQUIRED DATA ELEMENTS & MAVEN USER'S GUIDE

Search - Google Chrome
Secure | <https://test.apps.nd.gov/maven/searchParty.do?topPage=createCase.do%3FallowOrganization%3Dtrue%26productCode%3DCTR&Restrictio>

Search Party

Search Criteria

Party ID:

Last Name:

First Name:

Maiden/Other Name:

Alias:

Birth Date:

Gender:

Social Security Number:

City:

State:

Zip Code:

Phone:

Email:

Mother's Maiden Name:

Street:

Sort Options

Sort By:

Sort Order:

Search Options

Search History: ☒

Search Soundex: ☐

Search Results

Name	Birth Date	Street Address	City	State	Zip Code	External ID
Weninger, Sarah	08/09/1985			ND		PGCESJLGVUIC
Weninger, Sarah	08/09/1985			ND		PGCESKTQACLE
Weninger, Sarah	11/27/1979	2213 9th Ave SE	Mandan	ND	58554	PGCESKUBOPLX
Weninger, Sarah	05/09/1990	3933 37th St NW	Mandan	ND	58554	PGCETPOHTAGR
Weninger, Sarah				ND		PGCEUFFSEHBX
Weninger, Sarah	08/09/1985			ND		PGCEVZOLLWRW

Showing 1 to 6 of 6 entries

You are in the Test Environment for Maven Disease Surveillance Suite - TEST

Step 3. Once you have selected the appropriate match, the information will fill in the remainder of the fields in the create event. The fields will be grayed out as you will not be able to change any of the demographic fields. If you need to change the address to reflect a current, you would change that address in the persons tab. See section in this document entitled Updating or Entering an Address. Click save and then proceed to enter all required CTR information.

REQUIRED DATA ELEMENTS & MAVEN USER'S GUIDE

Create Event - Person Information

Event Information
 Event Date: 06/07/2017
 Disease: CTR - Hep/HIV/STD

Add Person
 First Name: Sarah
 Middle Name:
 Last Name: Weninger
 Suffix:
 Maiden/Other Name:
 Alias:
 Mother's Maiden Name:
 Birth Date: 11/27/1979
 Gender: Female
 Social Security Number:
 Race:
 Is the case Hispanic or Latino?:
Contact Information
 Address Type: Home
 Street: 2213 9th Ave SE
 City: Mandan
 State: ND
 Zip Code: 58554
 County: Morton County
 Country: USA
 Home Phone: (701) 400-0593
 Mobile Phone:
 Work Phone:
 Email:
 Fax:
 Contact Method:
 Select Person... Clear
 Save Cancel Help

Questions or Concerns

If you have any questions or concerns, please contact the HIV.STD.Viral Hepatitis Prevention Coordinator.